

# Death Claim Form 死亡索償表格



Please complete and return this form with the supporting documents (see "Claims Document Checklist" on page 2) to FWD Life Assurance Company (Hong Kong) Limited / FWD Life (Hong Kong) Limited (wherever applicable) ("FWD Assurance") at P.O. Box 69465, Kwun Tong Post Office, Kowloon, Hong Kong.

請填妥本索償表格，連同其他所需文件(見第二頁之「索償文件參考表」)，寄回香港九龍觀塘郵政局郵政信箱69465號富衛人壽保險(香港)有限公司/富衛人壽(香港)有限公司(如適用)。「富衛壽險」。

## Insurance Intermediary's Information 保險中介人資料

Name of Insurance Intermediary 保險中介人姓名	
Insurance Intermediary Code in FWD Assurance (if applicable) 富衛壽險保險中介人編號(如適用)	
Contact Phone No. 聯絡電話	

## PART I 第一部份 (To be completed by Insured / Claimant 由受保人或索償人填寫)

### A. INSURED INFORMATION 受保人資料

Policy no. 保單號碼	Name of Insured 受保人姓名	ID Card no./Passport No. 身份證號碼/護照號碼	Age 年歲 Sex 性別	Date of Birth (MM/DD/YY) 出生日期(月/日/年)
-----------------	-----------------------	--	------------------	---

### B. DETAILS OF DEATH 身故詳情

Date of Death (MM/DD/YY) 身故日期(月/日/年)	Place of Death 死亡地點	Cause of Death 死亡原因
--------------------------------------	---------------------	---------------------

### C. DEATH DUE TO ILLNESS 因病患身故

1. Describe the symptoms 詳述病徵
2. (a) When did the symptoms first appear 上述徵狀何時首次出現 MM/DD/YY 月/日/年 (b) Consultation history for the illness 就診該病詳情 Consultation dates (MM/DD/YY) 診治日期(月/日/年) Name & address of doctor / hospital 醫生/醫院名稱及地址 Patient No. 病人編號

### D. DEATH DUE TO ACCIDENT 因意外身故

1. Date, time and place of accident 意外日期、時間及地點 MM/DD/YY 月/日/年 <input type="checkbox"/> AM 上午 <input type="checkbox"/> PM 下午 Place 地點
2. How did the accident happen 意外發生經過
3. Was the accident reported to the police 有否就是次意外報警 <input type="checkbox"/> No 沒有 <input type="checkbox"/> Yes 有, Please provide name of the police station and reference number 請提供報案警署名稱及報案號碼 Please provide copy of police report / statement 請提供警察報告/口供紙

### E. OTHER INFORMATION 其他資料

1. Are you making any other insurance claim regarding this incident 有否向其他保險公司就是次事故提出索償 <input type="checkbox"/> No 沒有 <input type="checkbox"/> Yes 有, Please provide 請提供 name of the insurance company(ies) 保險公司名稱 policy number(s) 保單號碼
2. Name and details of all doctors, hospitals or institutions where the insured was treated during the 5 years preceding death 在死者身故前五年內為死者治病之所有醫生、醫院或醫療機構的名稱及詳情 Consultation dates (MM/DD/YY) 診治日期(月/日/年) Name & address of doctor / hospital 醫生/醫院名稱及地址 Illness/Injury 傷病 Patient No. 病人編號

Note: Please delete, cross out or put "NA" for question (if applicable) 請刪除或於問題註明「不適用」(如適用)

FWD Life Assurance Company (Hong Kong) Limited 富衛人壽保險(香港)有限公司

FWD Life (Hong Kong) Limited 富衛人壽(香港)有限公司

18/F., Devon House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong. 香港鰂魚涌英皇道979號太古坊德宏大廈18樓

## F. CLAIMANT INFORMATION 索償人資料

Chinese Name of Claimant 索償人中文姓名	English Name of Claimant 索償人英文姓名	ID Card no./Passport No. 身份證號碼 / 護照號碼	Relationship with Insured 與受保人關係
Country of Birth 出生國家	Nationality 國籍 (If more than one, please provide all.) (如多於一個, 請提供所有。)	Citizenship 公民身份 (other than Hong Kong SAR) (香港特別行政區以外) (If more than one, please provide all.) (如多於一個, 請提供所有。)	
Residential Address 住宅地址	Correspondence Address (same as residential address unless otherwise specified) 通訊地址 (除列明外, 通訊地址與住宅地址相同)		Mobile No. 手提電話號碼
Currency of claim cheque: <input type="checkbox"/> HKD 港幣 賠償支票之貨幣: <input type="checkbox"/> Currency of policy (cheque drawn in <input type="checkbox"/> Hong Kong <input type="checkbox"/> other country, please specify _____) <input type="checkbox"/> 保單貨幣 (支票兌現於 <input type="checkbox"/> 香港 <input type="checkbox"/> 其他國家, 請註明 _____)  Note: Any benefit payable under the Policy shall be paid in the currency of policy as shown on the Policy Schedule or the appropriate subsequent endorsement. Accordingly, the above option of currency of claim cheque is solely provided by FWD Assurance at its discretion as a service. There may be exchange differences as a result of benefit payment being made in the selected currency, such exchange difference being determined based on FWD Assurance's internal exchange rates as at the time of the relevant currency conversion. 請注意: 所有保單之利益款項須根承保表隨後批註書所載之保單貨幣支付。因此上述賠償支票之貨幣選擇只屬富衛人壽酌情所提供之服務。利益款項以所選擇的貨幣支付或會引致兌換差額, 該兌換差額按有關貨幣兌換時富衛人壽內部貨幣兌換率而釐定。			

## G. CLAIMS DOCUMENT CHECKLIST 索償文件參考表

To facilitate our assessment of your claim, please complete and provide the required documents as stated in this checklist to FWD Assurance. Documents can be certified at our Insurance Solutions Centre or Claims Department. FWD Assurance reserves the right to request for original documents where necessary. **FWD Assurance will notify you or your Insurance Intermediary if supplementary documents / information are required from you or from external parties to assess your claim.**

請填妥及向富衛壽險遞交下列參考表所列之所需文件, 以便我們審核閣下的索償個案。文件的核證副本可於我們的保險綜合服務中心或賠償部辦理。富衛壽險保留權利在有需要時要求閣下提交文件正本。若有需要向閣下或其他人士索取額外文件 / 資料, 富衛壽險會通知閣下或閣下的保險中介人。

Basic Document Required 基本所需文件類別	Claimed Item 索償項目 – Life Benefit 人壽保障	
	Natural Death 自然死亡	Accidental Death / Unnatural Cause 意外或非自然死亡
<input type="checkbox"/> Fully completed Death Claim Form Part I 已填妥的死亡索償表格第一部份	✓	✓
<input type="checkbox"/> Fully completed Death Claim Form Part II 已填妥的死亡索償表格第二部份	○	✓
<input type="checkbox"/> Original / Certified true copy of Death Certificate and/or Notarial Certificate 死亡證及 / 或公證書之正本 / 核實副本	✓	✓
<input type="checkbox"/> Original / Certified true copy of the Deceased's ID card 死者的身份證正本 / 核實副本	✓	✓
<input type="checkbox"/> Original / Certified true copy of the Beneficiary's / Executor's ID card 受益人 / 遺囑執行者的身份證正本 / 核實副本	✓	✓
<input type="checkbox"/> Original / Certified true copy of the Policyowner's ID card 保單持有人的身份證正本 / 核實副本	✓	✓
<input type="checkbox"/> Original policy 保單正本	✓	✓
<input type="checkbox"/> Self-Certification Form – Individual 自我證明表格 – 個人	✓	✓
<input type="checkbox"/> Surrender of HKID confirmation note 終止香港身份證之確認文件	○	○
<input type="checkbox"/> Original / Certified true copy of relationship proof between Insured and Beneficiary 受保人與受益人之關係證明正本 / 核實副本	✓	○
<input type="checkbox"/> Legal Guardianship Paper for Minor's Beneficiary 未成年受益人的法定監護人證明書	○	○
<input type="checkbox"/> Death inquest report 死因研究報告	○	○
<input type="checkbox"/> Autopsy report 解剖驗屍報告	○	○
<input type="checkbox"/> Police report / Police statement 警察報告 / 口供紙	x	✓
<input type="checkbox"/> Credit Card Statement (for Credit Shield Protection claim) 信用卡月結單	✓	✓
<input type="checkbox"/> Original / Certified true copy of Letter of Administration 遺產管理書的正本 / 核實副本	○	○
✓ Required document 基本文件      ○ Optional document 附加文件      x Not applicable 不適用		

## ENQUIRIES 查詢

For enquiries, please call our Service Hotline on 2199 1000 during office hours, from Monday to Friday, 9:00am to 6:00pm and Saturday 9:00am to 1:00pm (except public holidays)

如有任何查詢, 請於辦公時間內, 星期一至星期五, 上午九時至下午六時, 及星期六上午九時至下午一時 (公眾假期除外), 致電服務熱線 2199 1000。

FWD Life Assurance Company (Hong Kong) Limited 富衛人壽保險(香港)有限公司

FWD Life (Hong Kong) Limited 富衛人壽(香港)有限公司

18/F., Devon House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong. 香港鰂魚涌英皇道979號太古坊德宏大廈18樓

## H. DECLARATION AND AUTHORIZATION 聲明及授權

### 1. FOREIGN TAX REPORTING AND WITHHOLDING OBLIGATIONS 外國稅務申報及預扣義務

I/We confirm that I/We have read and fully understand the implications of the contents of the "Foreign Tax Reporting and Withholding Obligations" as set out in the Appendix (the "Tax Obligations Provisions") attached to this application. Should this application be accepted by FWD Assurance, I/We irrevocably agree to be bound by the contents of the Tax Obligations Provisions. In particular, I/We confirm that my/our agreement, waiver and confirmations given in the Tax Obligations Provisions are irrevocable. I/We further agree that FWD Assurance shall not be liable for any costs or loss that I/We (or any other person who is entitled to access the policy value, change a beneficiary, or claim or receive a benefit payment) may incur because of FWD Assurance taking any of the actions permitted in this Application (including the Tax Obligations Provisions).

本人/吾等確認本人/吾等已經閱讀及完全明白附加於本申請附件所載<外國稅務申報及預扣義務> (「稅務責任條款」) 內容之含義。當富衛壽險接納本申請, 本人/吾等不可撤銷地同意受稅務責任條款內容所約束。本人/吾等尤其確認本人/吾等針對稅務責任條款所作出的同意、豁免和確認乃不可撤銷。本人/吾等繼而同意富衛壽險基於本申請 (包括稅務責任條款) 針對本人/吾等 (或任何其他有權獲得保單價值、更改受益人、或者申索或收取保單項下的給付利益的人士) 提出的任何行動而招致的任何支出或損失不會負上任何責任。

### 2. PERSONAL INFORMATION COLLECTION STATEMENT 收集個人資料聲明

I/We acknowledge receipt of the Personal Information Collection Statement as attached and that I have read, understand and agree this Personal Information Collection Statement applies to all products and services offered by FWD Assurance. I/We confirm that I/we understand my/our personal data held by FWD Assurance may be used for any present or future contractual or other commitment with any legal, regulatory, governmental, tax, law enforcement or other authorities (whether within or outside Hong Kong), or self-regulatory or industry bodies or associations of financial services providers that is assumed by or imposed on FWD Assurance by reason of its financial, commercial, business or other interests or activities in or related to the jurisdiction of the relevant legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations (whether within or outside Hong Kong).

本人/吾等確認收取附件所載<收集個人資料聲明>。本人/吾等經已閱讀並明白及同意<收集個人資料聲明>適用於富衛壽險所提供的產品及服務。本人/吾等明白, 由於富衛壽險在相關法律、監管、政府、稅務、執法或其他機構、自我監管機構、行業組織、協會(不論是香港境內/外) 所在的司法管轄區內或相關司法管轄區具有各種金融、商業、業務或其他權益或進行活動, 以致富衛壽險可能使用所持有本人/吾等之個人資料, 以履行其向香港境內/外有關的法律、監管、政府、稅務、執法或其他機構、或金融服務供應商之自我監管機構、行業組織或協會現有和未來所作出或被加諸的合約性或其他性質的承諾。

### 3. COLLECTION OF LEVY ON PREMIUM BY THE INSURANCE AUTHORITY 保險業監管局所收取的保費徵費

Important Note 重要通知

I/We hereby acknowledge, agree and confirm that any outstanding of levy on insurance premium payable by the policyowner under the policy in accordance to section 134 of the Insurance Ordinance (Cap. 41), the Insurance (Levy) Regulation and the Insurance (Levy) Order shall be first deducted from the claim payment payable to me/us.

本人/我們得悉、同意及確認有關保單之持有人就保單根據《保險業條例第41章》項下之第134條、《保險業(徵費)規例》及《保險業(徵費)令》所應付的保費徵費當中的任何欠繳徵費會先從應付予本人/我們之保險賠償金額當中扣除。

### 4. DECLARATION OF POLICY LOST 保單遺失聲明

- ☐ By ticking the box on the left, I / We represent that I am / We are the Owner / Assignee / Trustee / Beneficiary under the policy as given on this form;
- 1) The aforesaid Policy was lost and could not be located despite diligent efforts; 2) The aforesaid Policy has not been assigned, pledged, or otherwise conveyed or encumbered to another person (not applicable to the Assignee); 3) If payment of the insurance proceeds is made by the Company in my favor, I / We hereby warrant to hold the Company free and harmless from any suit, claim or liability arising therefrom.
- 於左列空格中劃上 ☒ 號, 本人/我們聲明, 本人/我們為此索償書的保單之持有人/受讓人/信託人/受益人; 1) 保單已被遺失及遍尋不獲; 2) 保單並沒有被轉讓或抵押予他人(不適用於受讓人); 3) 如貴公司將保險賠償金發放給本人/我們, 本人/我們謹此保證貴公司將不會被牽連或須負上任何由此賠償所引發之訴訟、索償或責任。

I/We declare that I/we have read and fully understand the implications of the contents of this Application, and that the information given in this Application is true and complete to the best of my/our knowledge. I / We agree that if I/We fail to provide any information requested in this Application, it may result in the inability of FWD Assurance to accept the application.

I/We (acting on behalf of the Insured, wherever applicable) hereby irrevocably authorize any employer, doctor, hospital, clinic, insurance company, government office or any organization, or persons who have any records, knowledge or information (whether medical or otherwise) of me/us (or the Insured, wherever applicable) to disclose, release or transfer to FWD Assurance or its representative(s) such information pertinent to this application. This authorization shall bind my/our successors and assignees and remain valid notwithstanding my/our (or the Insured, wherever applicable) death or incapacity in so far as legally feasible. This authorization shall be valid until my/our further instructions. A photocopy of this authorization shall be as valid as original.

本人/吾等在此聲明本人/吾等已閱讀及完全明白本申請所載內容及含意, 就本申請所提供的資料均屬本人/吾等所知的事實及全部。本人/吾等同意若本人/吾等不能提供本申請所需的任何資料, 可致使富衛壽險不能接受本申請。

本人/吾等(代表受保人, 如適用)在此授權(並不可撤回)任何凡持有本人/吾等(或受保人, 如適用)任何記錄、資訊或資料(不論醫療或其他性質)的僱主、醫生、醫院、診所、保險公司、政府部門或其他機構或人士, 向富衛壽險或其代表透露、發放或轉移該等資料作本申請之用。本授權對本人/吾等繼承人及承讓人具約束力, 不管本人/吾等(或受保人, 如適用)死亡或喪失行為能力, 在法律容許下依然生效, 直至本人/吾等進一步指示。本授權書的影印本具有與正本同等的效力。

Signature of Claimant 索償人簽署

Name of Claimant 索償人姓名

Claimant ID Card No. 索償人身份證明文件號碼

Date (MM/DD/YY) 日期(月/日/年)

## Foreign Tax Reporting and Withholding Obligations 外國稅務申報及預扣義務

I / We acknowledge that FWD Assurance may from time to time be subject to various tax reporting and withholding obligations imposed by foreign laws, treaty, regulation, guidance, rules, codes of practices, guidelines and/or intergovernmental agreements and agreements with foreign governments or tax authorities (the "Applicable Laws and Regulations"). I / We irrevocably agree to the following:

- (a) FWD Assurance may require me/us (and any other person who is entitled to access the policy value, change a beneficiary or claim or receive a benefit payment under the Policy, including without limitation, any policy claimant, assignee and beneficiary, each, a "Consenting Person") to provide FWD Assurance with the Personal Information, and any update to the Personal Information to ensure its compliance with the Applicable Laws and Regulations.
- (b) Any Personal Information shall be provided to FWD Assurance within such time and in such manner as FWD Assurance may require, and any update shall be notified to FWD Assurance promptly.
- (c) FWD Assurance may disclose the Personal Information and Policy Information, including, where applicable, any update to such information, to any governments or tax authorities.
- (d) Where I / we or any Consenting Person fails to provide FWD Assurance with the updated, correct and complete Personal Information in the manner described in (a) and (b) above, FWD Assurance may, for the purpose of ensuring its compliance with the Applicable Laws and Regulations, deduct or withhold such amount payable under the Policy and/or provide any of the Personal Information and/ or Policy Information to such governments or tax authorities.
- (e) The following terms have the meanings as follows:

"Personal Information" means: (i) where I am / we are an individual(s), my / our full name(s), date(s) of birth, place(s) of birth, residential address(es), mailing address(es), taxpayer identification number(s), social security number(s), citizenships, residency(ies) and tax residency(ies); (ii) where I am / we are a corporate(s), my / our full name(s), my/our place of incorporation or formation, registered address, address of place of business, mailing address(es), tax identification number, as well as tax residency(ies), registered address, address of place of business or (if applicable) residential address of each of my / our substantial shareholders and controlling persons.

"Policy" means insurance policy relating to this application.

"Policy Information" means any information relating to the Policy including without limitation the Policy number, Policy balance or value, gross receipts, withdrawals and payments from the Policy.

- (f) I/We will update FWD Assurance about any changes in my/our tax residence status within 30 days of that change.

本人 / 吾等得悉富衛壽險須不時遵守外國法律、條約、規則指引、規則、實務指引、守則及 / 或政府相互協議以及外國政府或稅務機關訂立的協議所頒佈的多樣稅務匯報及預扣款項責任（「適用法律及法規」）。本人 / 吾等不可撤回地同意下列各項：

- (a) 為確保富衛壽險遵守適用法律及法規所要求，富衛壽險可要求本人 / 吾等（以及任何有權獲得本保單價值、更改受益人或者申索或收取本保單項下的給付利益的人士，包括但不限於任何保單索償人、受讓人及受益人，每一人士為「同意人」）向富衛壽險提供個人資料，以及個人資料的任何更新及詳情。
- (b) 按照富衛壽險所要求的時間及方式向富衛壽險提供任何個人資料，及迅速告知富衛壽險該等資料的任何更新及詳情。
- (c) 富衛壽險可向任何政府或稅務機關披露個人資料及保單資料，包括（如適用）該等資料的任何更新及詳情。
- (d) 如本人 / 吾等或任何同意人未有遵從上述 (a) 及 (b) 項向富衛壽險提供最新、正確無誤及完整的個人資料，富衛壽險為確保遵守適用法律及法規所要求，富衛壽險可自根據本保單應給付的任何款項之中扣除或預扣有關款項及 / 或將本人 / 吾等的任何個人資料及 / 或保單資料提供給相關政府或稅務機關。
- (e) 以下詞語包含以下定義：

「個人資料」指：(i) 如本人 / 吾等為個人，即本人 / 吾等的全名、出生日期、出生地點、住址、郵寄地址、納稅人識別編號、社會安全號碼、所有國籍、居留地、稅務居留地等資料；(ii) 如本人 / 吾等為公司實體，即本人 / 吾等的全名、成立 / 組成地點、註冊地址、經營地址、郵寄地址、納稅人識別編號、以及本人 / 吾等各主要股東及控制人的稅務居留地、註冊地址、經營地址或（如適用）住址等資料。

「保單」指本申請相關之保單。

「保單資料」指關於本保單的任何資料，並包括但不只限於保單編號、保單結餘或價值、在本保單下收取、提取和給付款項總額。

- (f) 本人 / 吾等將會通知富衛壽險有關稅務居民身分之改變，並於發生改變 30 日內通知。



# Death Claim Form – Attending Physician Statement

## 死亡索償表格 – 主診醫生報告



Policy No. 保單號碼

### PART II 第二部份 (To be completed and signed by attending physician at the Claimant's expense 由主診醫生填寫及簽署，費用由索償人支付)

Name of Deceased 死者姓名	ID card no. 身份證號碼	Date of Birth 出生日期	Age & Sex 年齡及性別
Date of Death (MM/DD/YY) 身故日期 (月 / 日 / 年)		Place of Death 死亡地點	Cause of Death 死亡原因

### MEDICAL INFORMATION 醫療資料

<p>1. (a) Was the death caused by an accident 死亡原因是否由意外導致</p> <p><input type="checkbox"/> No 否</p> <p><input type="checkbox"/> Yes, please provide details how and where the accident happened 是，請提供意外發生經過及地點</p> <p>(b) Date of accident 意外日期</p> <p>MM/DD/YY 月 / 日 / 年</p>		<p>5. Was the cause of death secondary to a recurrent or chronic condition 身故原因是否與舊病復發或慢性疾病有關</p> <p><input type="checkbox"/> No 否 <input type="checkbox"/> Yes, please give details 是，請提供詳情</p> <table border="1"> <thead> <tr> <th>Illness/ Injury 疾病 / 傷患</th> <th>Symptom onset 首次出現徵狀日期 (MM/DD/YY 月 / 日 / 年)</th> <th>First consultation 首次求診日期 (MM/DD/YY 月 / 日 / 年)</th> <th>Name &amp; address of doctor / hospital 醫生 / 醫院名稱及地址</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Illness/ Injury 疾病 / 傷患	Symptom onset 首次出現徵狀日期 (MM/DD/YY 月 / 日 / 年)	First consultation 首次求診日期 (MM/DD/YY 月 / 日 / 年)	Name & address of doctor / hospital 醫生 / 醫院名稱及地址						
Illness/ Injury 疾病 / 傷患	Symptom onset 首次出現徵狀日期 (MM/DD/YY 月 / 日 / 年)	First consultation 首次求診日期 (MM/DD/YY 月 / 日 / 年)	Name & address of doctor / hospital 醫生 / 醫院名稱及地址										
<p>2. (a) Signs and symptoms related to the cause of death 導致死者身故的傷病病況或徵狀</p> <p>(b) Date of symptoms first appeared 首次出現徵狀日期</p> <p>MM/DD/YY 月 / 日 / 年</p>		<p>6. Were there any precipitating factors (e.g. habits, occupation, residence), direct or indirect, which may have contributed to or hastened the death of the deceased 有否其他因素 (如習慣、職業或居住環境) 直接或間接加速 / 促使死者死亡</p> <p><input type="checkbox"/> No 否 <input type="checkbox"/> Yes, please give details of the conditions and indicate the duration of each condition 是，請提供各因素及持續的時段</p>											
<p>3. When and by whom was the cause of death first diagnosed 何時及由誰首次診斷出導致死者身故之原因</p> <table border="1"> <thead> <tr> <th>First consultation date (MM/DD/YY) 首次求診日期 (月 / 日 / 年)</th> <th>Name &amp; address of doctor / hospital 醫生 / 醫院名稱及地址</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>		First consultation date (MM/DD/YY) 首次求診日期 (月 / 日 / 年)	Name & address of doctor / hospital 醫生 / 醫院名稱及地址			<p>7. Did the deceased use alcohol or narcotics 死者有否飲酒或服藥</p> <p><input type="checkbox"/> No 否 <input type="checkbox"/> Yes, please state how they contributed to the fatal cause 有，請詳述與死因之關係</p>							
First consultation date (MM/DD/YY) 首次求診日期 (月 / 日 / 年)	Name & address of doctor / hospital 醫生 / 醫院名稱及地址												
<p>4. (a) Date of the your first consultation for this condition 首次就是次原因向閣下求診日期</p> <p>MM/DD/YY 月 / 日 / 年</p> <p>(b) Was the deceased referred to you by another doctor / hospital 有否經其他醫生 / 醫院轉介</p> <p><input type="checkbox"/> No 否 <input type="checkbox"/> Yes, please give details 是，請提供詳情</p> <table border="1"> <thead> <tr> <th>Consultation Date (MM/DD/YY) 求診日期 (月 / 日 / 年)</th> <th>Name &amp; address of doctor / hospital 醫生 / 醫院名稱及地址</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>		Consultation Date (MM/DD/YY) 求診日期 (月 / 日 / 年)	Name & address of doctor / hospital 醫生 / 醫院名稱及地址			<p>8. Patient's past medical history, if any 病人的過去病歷，如有</p> <table border="1"> <thead> <tr> <th>Illness/ Injury 疾病 / 傷患</th> <th>Consultation date 求診日期 (MM/DD/YY 月 / 日 / 年)</th> <th>Name &amp; address of doctor / hospital 醫生 / 醫院名稱及地址</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Illness/ Injury 疾病 / 傷患	Consultation date 求診日期 (MM/DD/YY 月 / 日 / 年)	Name & address of doctor / hospital 醫生 / 醫院名稱及地址			
Consultation Date (MM/DD/YY) 求診日期 (月 / 日 / 年)	Name & address of doctor / hospital 醫生 / 醫院名稱及地址												
Illness/ Injury 疾病 / 傷患	Consultation date 求診日期 (MM/DD/YY 月 / 日 / 年)	Name & address of doctor / hospital 醫生 / 醫院名稱及地址											

I hereby certify that I have personally examined and treated the patient in connection to the above condition and that the answers given above are all true to the best of my knowledge and belief. 本人謹此聲明曾為病人就上述診斷作出檢查及治療，而據本人所知所信，以上填報各項答案均屬正確。

Name of Physician 醫生姓名 \_\_\_\_\_ Signature of Physician 醫生簽署 \_\_\_\_\_ Hospital Stamp 醫院蓋章 \_\_\_\_\_

Qualification 資格 \_\_\_\_\_ Date 日期 \_\_\_\_\_

Address 地址 \_\_\_\_\_ Tel No 電話 \_\_\_\_\_

Note: - Please delete, cross out or put "NA" for question (if applicable) 請刪除或於問題註明「不適用」(如適用)

- In case of inconsistency between the Chinese and English version, the English version shall prevail 如中文版本的內容與英文版本有任何差異，均以英文版本為準。

FWD Life Assurance Company (Hong Kong) Limited 富衛人壽保險(香港)有限公司

FWD Life (Hong Kong) Limited 富衛人壽(香港)有限公司

18/F., Devon House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong. 香港鰂魚涌英皇道979號太古坊德宏大廈18樓

# Personal Information Collection Statement ("PICS")

1. From time to time, it is necessary for you to supply **FWD Life Assurance Company (Hong Kong) Limited / FWD Life (Hong Kong) Limited** (the "Company") or agents and representatives acting on its behalf with personal information and particulars in connection with our services and products. Failure to provide the necessary information and particulars may result in the Company being unable to provide or continue to provide these services and products to you.
2. The Company may also generate and compile additional personal data using the information and particulars provided by you. All personal data collected, generated and compiled by the Company about you from time to time is collectively referred to in this PICS as "Your Personal Data".
3. "Your Personal Data" will also include personal data relating to your dependents, beneficiaries, authorised representatives and other individuals in relation to which you have provided information. If you provide personal data on behalf of any person you confirm that you are either their parent or guardian or you have obtained that person's consent to provide that personal data for use by the Company for the purposes set out in this PICS.
4. As detailed in this PICS, Your Personal Data may also be processed by the Company's subsidiaries, holding companies, associated or affiliated companies and companies controlled by or under common control with the Company (collectively, "the Group").
5. The purposes for which Your Personal Data may be used are as follows:
  - (i) providing our services and products to you, including administering, maintaining, managing and operating such services and products;
  - (ii) processing, assessing and determining any applications or requests made by you in connection with our services or products and maintaining your account with the Company;
  - (iii) developing insurance and other financial services and products;
  - (iv) developing and maintaining credit and risk related models;
  - (v) processing payment instructions;
  - (vi) determining any indebtedness owing to or from you, and collecting and recovering any amount owing from you or any person who has provided any security or other undertakings for your liabilities;
  - (vii) exercising any rights that the Company may have in connection with our services and/or products;
  - (viii) carrying out and/or verifying any eligibility, credit, physical, medical, security, underwriting and/or identity checks in connection with our services and products;
  - (ix) any purposes in connection with any claims made by or against or otherwise involving you in respect of any of our services or products, including, making, defending, analysing, investigating, processing, assessing, determining, responding to, resolving or settling such claims, detecting and preventing fraud (whether or not relating to the policy issued in respect of this application);
  - (x) performing policy reviews and needs analysis (whether or not on a regular basis);
  - (xi) meeting disclosure obligations and other requirements imposed by or for the purposes of any laws, rules, regulations, codes of practice or guidelines (whether applicable in or outside Hong Kong) binding on the Company or any other member of the Group, including making disclosure to any legal, regulatory, governmental, tax, law enforcement or other authorities (including for compliance with sanctions laws, the prevention or detection of money laundering, terrorist financing or other unlawful activities) or to any self-regulatory or industry bodies such as federations or associations of insurers;
  - (xii) for marketing, customer services research, statistical or actuarial research undertaken by the Company or any member of the Group; and
  - (xiii) fulfilling any other purposes directly related to (i) to (xii) above.
6. Your Personal Data will be kept confidential, but to facilitate the purposes set out in paragraph 5 above, the Company may transfer, disclose, grant access to or share Your Personal Data with the following:
  - (i) other members of the Group;
  - (ii) any person or company carrying on insurance-related and/or reinsurance-related business which is engaged by the Company in connection with the Company's business;
  - (iii) any physicians, hospitals, clinics, medical practitioners, laboratories, technicians, loss adjusters, risk intelligence providers, claims investigators, organizations that consolidate claims and underwriting information for the insurance industry, fraud prevention organizations, other insurance companies (whether directly or through fraud prevention organizations or other persons named in this paragraphs), the police and databases or registers (and their operators) used by the insurance industry to analyze and check information provided against existing information, legal advisors and/or other professional advisors engaged in connection with the Company's business;
  - (iv) any agent, contractor or service provider providing administrative, distribution, credit reference, debt collection, telecommunications, computer, call centre, data processing, payment processing, printing, redemption or other services in connection with the Company's business; and/or
  - (v) any official, regulator, ministry, law enforcement agent or other person (whether within or outside Hong Kong) to whom the Company or another member of the Group is under an obligation or otherwise required or expected to make disclosures under the requirements of any law, rules, regulations, codes of practice or guidelines (whether applicable in or outside Hong Kong).
7. Your Personal Data may be transferred or disclosed to any assignee, transferee, participant or sub-participant of all or any substantial part of the Company's business.
8. The Company is only allowed to (i) use Your Personal Data in direct marketing; or (ii) provide Your Personal Data to another person or company for its use in direct marketing, if you provide your consent or do not object in writing.
9. In connection with direct marketing, the Company intends:
  - (i) to use your name, contact details, services and products portfolio information, financial background and demographic data held by the Company from time to time in direct marketing to market the following classes of services and products offered by the Company, other members of the Group and/or Our Business Partners (being providers of the product and services described below) from time to time:
    - a. insurance services and products;
    - b. wealth management services and products;
    - c. pensions, investments, brokering, financial advisory, credit and other financial services and products;
    - d. health-check and wellness services and products;
    - e. media, entertainment and telecommunications services;
    - f. reward, loyalty or privileges programmes and related services and products; and
    - g. donations and contributions for charitable and/or non-profit making purposes; and
  - (ii) to provide your name and contact details to any members of the Group and/or Our Business Partners for their use in direct marketing the classes of services and products described in paragraph 9(i) above (including, in the case of Our Business Partners, for money or other commercial benefit).
10. You may also write to the Company at the address below to opt out from direct marketing at any time.
11. To facilitate the purposes set out in paragraphs 5 and 9 above, the Company may transfer, disclose, grant access to or share Your Personal Data with the parties set out in paragraphs 6 and 9(ii) and you acknowledge that those parties may be based outside Hong Kong and that Your Personal Data may be transferred to places where there may not be in place data protection laws which are substantially similar to, or serve the same purposes as, the Personal Data (Privacy) Ordinance.
12. Under the Personal Data (Privacy) Ordinance you have the right to request access to Your Personal Data held by the Company and request correction of any of Your Personal Data which is incorrect and the Company has the right to charge you a reasonable fee for processing and complying with your data access request.
13. Requests for access to or correction of Your Personal Data should be made in writing to:
 

Corporate Data Protection Officer  
FWD Life Assurance Company (Hong Kong) Limited /  
FWD Life (Hong Kong) Limited  
19/F, Tower 1, Millennium City 1,  
388 Kwun Tong Road, Kwun Tong,  
Kowloon, Hong Kong
- Should you have any queries, please do not hesitate to call our Customer Service Hotline on 2199 1000.
14. In case of discrepancies between the English and Chinese versions of this PICS, the English version shall apply and prevail.
15. The Company reserves the right, at any time effective upon notice to you, to add to, change, update or modify this PICS.

## 收集個人資料聲明

1. 閣下需要不時向富衛人壽保險(香港)有限公司 / 富衛人壽(香港)有限公司(「本公司」)或本公司的代理及代表就本公司的服務及產品提供個人資料及詳情。如未能提供所需資料及詳情,可能會導致本公司無法向閣下提供或繼續提供有關服務及產品。
2. 本公司亦可以利用閣下提供的資料及詳情製作及匯編額外的個人資料。本公司不時收集、製作及匯編的所有個人資料,以下統稱為「閣下的個人資料」。
3. 「閣下的個人資料」亦包括由閣下提供有關閣下的受養人、受益人、獲授權代表及其他人士的資料。如閣下代表他人提供個人資料,閣下確認閣下乃是他們的父母或監護人或閣下已取得有關人士之同意提供有關人士之個人資料予本公司作本聲明之用途。
4. 如本聲明所述,閣下的個人資料亦可能被本公司的附屬公司、控股公司、聯營或聯屬公司或本公司控制的公司或與本公司受共同控制的公司(統稱「本集團」)處理。
5. 閣下的個人資料可能用於以下用途:
  - (i) 向閣下提供本公司的服務及產品包括管理、維持、處理及運作有關服務及產品;
  - (ii) 處理、評估及決定閣下就本公司的服務或產品而提出的任何申請或要求,以及維持閣下在本公司的賬戶;
  - (iii) 發展保險及其他金融服務及產品;
  - (iv) 發展及維持本公司信貸及風險之相關模型;
  - (v) 處理付款指示;
  - (vi) 釐訂任何欠付閣下或閣下所欠的負債,及向閣下或任何為閣下的債務提供擔保或其他承諾的人士收取及追討欠款;
  - (vii) 行使與本公司的服務及 / 或產品有關的任何權利;
  - (viii) 就本公司之服務及產品作出資格、信貸、身體、醫療、擔保、承保及 / 或身份核証;
  - (ix) 用於任何因本公司的產品或服務而由閣下提出或本公司對閣下提出的申索,包括作出、抗辯、分析、調查、處理、評核、決定、回應、解決或和解除有關申索以及偵測和防止欺詐行為(無論是否與就此申請而發出的保單有關)所需的目的;
  - (x) 進行保單審閱及需求分析(不論是否定期進行);
  - (xi) 本公司或本集團的其他成員根據任何法律、規則、規例、實務守則或指引(不論在香港境內或境外適用)要求而須作出披露,包括向任何法定機構、監管機構、政府機構、稅務機構、執法機構或其他機構(包括為遵守制裁法、避免或偵查洗錢、恐怖分子資金籌集或其他不法活動)或向任何獨立監管或行業團體(如保險業聯會或協會等)作出披露;
  - (xii) 作本公司或本集團的任何成員的客戶服務、市場推廣、統計或精算研究;及
  - (xiii) 履行與上文第(i)至(xii)段直接有關的其他用途。
6. 閣下的個人資料將被保密但為達成上文第5段列出的用途,本公司可能將閣下的個人資料轉移、披露、讓其查閱或與以下各方共同使用:
  - (i) 本集團的其他成員;
  - (ii) 任何因本公司業務而聘用之經營保險相關及 / 或再保險相關業務之人士或公司;
  - (iii) 任何因本公司業務而聘用的治療師、醫院、診所、醫生、化驗所、技師、損失理算人、風險情報供應商、索賠調查人、整合保險業申索和承保資料的組織、防欺詐組織、其他保險公司(無論是直接地,或是通過防欺詐組織或本段中指名的其他人士)、警察、和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊(及其運營者)、法律顧問及/或其他專業顧問;
  - (iv) 任何向本公司之業務提供行政、分銷、信貸資料庫、債務追討、電訊、電腦、熱線中心、資料處理、付款處理、印刷、贖回或其他服務的代理人、承包商或服務供應商;及 / 或
  - (v) 任何本公司或本集團的其他成員負責任或需要或預期要根據任何法律、規則、規例、實務守則或指引(不論在香港境內或境外適用)作出披露的官員、規管者、部門、執法代理或其他人士(不論在香港境內或境外)。
7. 閣下的個人資料可能被轉移或披露予任何承讓人、受讓人、本公司業務的任何實質部分的參與人或次參與人。
8. 本公司只可在閣下作出書面同意或不反對的情況下 (i) 使用閣下的個人資料作直接促銷用途,或 (ii) 將閣下的個人資料提供予其他人士或公司作其直接促銷用途。
9. 就直接促銷而言,本公司擬:
  - (i) 使用本公司不時持有的閣下姓名、聯絡資料、服務及產品組合資料、財務背景及人口統計資料作直接促銷用途;銷售本公司、本集團其他成員及 / 或本公司之業務夥伴(即以下產品及服務的供應商)不時提供的下列服務及產品:
    - a. 保險服務及產品;
    - b. 財富管理服務及產品;
    - c. 退休金、投資、經紀、財務諮詢、信貸及其他金融服務及產品;
    - d. 健康檢查及健康服務及產品;
    - e. 媒體、娛樂及電信服務;
    - f. 獎賞、客戶忠誠或優惠計劃及相關服務及產品;及
    - g. 為慈善及 / 或非牟利用途的捐款及捐贈。
  - (ii) 將閣下的姓名及聯絡資料提供予本集團任何成員及 / 或本公司之業務夥伴,讓其用於直接促銷上文第9(i)段所載的服務或產品(如為業務夥伴,則包括作金錢或其他商業利益)。
10. 閣下亦可於任何時間致函本公司以下地址,藉以拒絕直接促銷。
11. 為達成上文第5及第9段所列出的目的,本公司可能將閣下的個人資料轉移、披露、讓其查閱或與上文第6及第9(ii)段所列的各方共同使用及閣下知悉有關一方可能設在香港以外的地方及閣下的個人資料可能被轉往的地方未必設有與《個人資料(私隱)條例》大致相同或用作同一用途的資料保護法。
12. 根據《個人資料(私隱)條例》,閣下有權要求查閱本公司所持有閣下的個人資料,並要求改正閣下的不正確個人資料及本公司有權就處理及遵行閣下的查閱資料要求而收取合理費用。
13. 查閱或改正閣下的個人資料要求,應以書面形式向下列人士提出:
 

資料保護主任  
富衛人壽保險(香港)有限公司 / 富衛人壽(香港)有限公司  
香港九龍觀塘觀塘道388號 創紀之城第一期 第一座19樓

如閣下有任何疑問,敬請致電本公司之客戶服務熱線2199 1000。
14. 中英文本如有歧異,概以英文本為準。
15. 本公司保留隨時增補、更改、更新及修訂本聲明之權利,並任何更改將於發出通知時起生效。